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Art Unit : 2622
Examiner :
Serial No. : 09/976,945
Filed : October 12, 2001
Inventor : Pascal Pineau
Title : MEDICAL IMAGING
: SYSTEM



22469

PATENT TRADEMARK OFFICE

Docket No.: 1296-01
Confirmation No.: 1749
Dated: April 22, 2002

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G-5-02

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Attn: Application Processing Division
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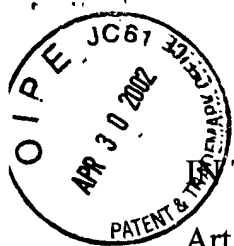
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Respectfully submitted,

T. Daniel Christenbury
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/976,945	10/12/2001	2622	435	1296-01	1	10	2

22469
SCHNADER HARRISON SEGAL & LEWIS, LLP
1600 MARKET STREET
SUITE 3600
PHILADELPHIA, PA 19103

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Applicant(s)

Pascal Pineau, Palaiseau, FRANCE;

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A CON OF PCT/FR00/00977 04/14/2000

Foreign Applications

FRANCE 99/04668 04/14/2000

If Required, Foreign Filing License Granted 11/13/2001

Projected Publication Date: 07/04/2002

Non-Publication Request: No

Early Publication Request: No

**** SMALL ENTITY ****

Title

Medical imaging system

Preliminary Class

358

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Bib Data Sheet

CONFIRMATION NO. 1749

SERIAL NUMBER 09/976,945	FILING DATE 10/12/2001 RULE	CLASS 358	GROUP ART UNIT 2622	ATTORNEY DOCKET NO. 1296-01
APPLICANTS Pascal Pineau, Palaiseau, FRANCE;				
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF PCT/FR00/00977 04/14/2000				
** FOREIGN APPLICATIONS ***** FRANCE 99/04668 04/14/1999				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/13/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY FRANCE	SHEETS DRAWING 1	TOTAL CLAIMS 10
INDEPENDENT CLAIMS 2				
ADDRESS 22469				
TITLE Medical imaging system				
FILING FEE RECEIVED 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	